

TO:

CALDEDS

California Public Employees' Retirement System

REQUESTED EMPLOYER CERTIFICATION

An employer certification is required to complete processing of the application for retirement for the member named below. The information requested is necessary to accurately adjust the member's retirement allowance. Please complete this form and return it immediately so processing can continue.

From Agency Code and Name

P.O. BOX 942711 SACRAMENTO, CA 94229-2711	Trom Agency Gode and War	
Member Name	Social Security Number	Retirement Date
Employee's Last Day on Payroll	Employee's Separation Date	
1 1	1	1
Balance of unused sick leave days		
Balance of educational leave days		
Employer Signature		Date
Title	Telepho	ne Number